Child Alert Facilitator Directory

County	Last Name			First Name		Title			
Ashland	LeCapitaine	-		Mark		Public Health '	Nurse Director		-
Organization		Address		ш	City		zip code		
Bad River Clinic		1 Maple La	ne PO Box	. 182					,
Work phone	Home phone ((optional)	FAX		email address			2nd email addre	·ess
715.682.7138		715.682.7887			brchn@ncis.net				
County	Last Name			First Name		Title	<u></u>		
Barron	_								,
Organization		Address		Ш	City		zip code		
-									
Work phone	Home phone ((optional)	FAX		email address			2nd email addre	ess
County	Last Name			First Name		Title			
BayfieldNorthern	Flitz			Shirley					
Organization		Address		ш	City		zip code		
Bayfield Community Am	nbulance	PO Box 349	ý		Bayfield		53913		
Work phone	Home phone ((optional)	FAX		email address	-		2nd email addre	ess
	715.779.3196		715.779.31	184	edshirley@centurytel.n	net			

County	Last Name			First Name		Title			
BayfieldSouthern	Puls			Rob					
Organization		Address				City	zip code		
Wisconsin Indianhead Tech	nical College	600 North 2	1st Str			Superior	54880		
Work phone	Home phone	(optional)	FAX		email a	ddress		2nd email add	Iress
715.394.6677 Ext 6595			715.394.3	771	rpuls@W	/ITC.edu			
County	Last Name			First Name		Title			
Brown									
Organization		Address				City	zip code		
Work phone	Home phone	(optional)	FAX		email a	ddress		2nd email add	Iress
County	Last Name			First Name		Title			
Buffalo									
Organization		Address				City	zip code		
Work phone	Home phone	(optional)	FAX		email a	ddress		2nd email add	Iress
	1			Ti control of the con					
County	Last Name			First Name		Title			
Burnett									
Organization		Address				City	zip code		
Work phone	Home phone	(optional)	FAX		email a	ddress		2nd email add	Iress

County	Last Name First Name		e Title		
Calumet	Mitchell	Debbie	RN		
Organization	Add	ess	City	zip code	
Calumet Medical Cen	ter 614 N	Iemorial Drive	Chilton	53014	
Work phone	Home phone (option	onal) FAX	email address	2nd em	ail address
920.849.7521	920.849.75		dmitchel@affinityhealth.org		
County	Last Name	First Nam	e Title	-	
County Chippewa	Last Name Pederson	First Nam Randy	e Title		
•		Randy	e Title City	zip code	

County	Last Name			First Name			Title		
Clark	Becker			Linda		First Responder			
Organization		Address	Ш			City	JI.	zip code	
Granton Area First Respond	lers	N4254 Catli	n Avenue			Granton		54436	
Work phone	Home phone	(optional)	FAX		email ad	ldress			2nd email addre
715.384.2106	715.238.7706		715.238.70	96					

email address

rpederson@ci.chippewa-falls.wi.us

2nd email address

Home phone (optional) FAX 715.723.3438

Work phone

715.723.5710

County	Last Name		First Name	First Name					
Clark	Schwanebeck		Linda		First Responder				
Organization		Address				City	Л. ————————————————————————————————————	zip code	
Granton Area First Respond	lers	N933 Colon	ial Ave			Pittsville	54466		
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email addre
715.884.6482									

County	Last Name		First Name			Title		
Columbia	Olson		Dana					
Organization	Ać	ddress		-	City		zip code	
Rio EMS	20	1 East Rio	-		Rio		53960	
Work phone	Home phone (op	otional) FAX		email ac	ıddress			2nd email address
	920.992.6164							
County	Last Name		First Name	First Name Title				
Crawford	Morovits		Joe	Joe				
Organization	Ad			City		zip code		
	528	et		Prairie du Chier	en	53821		
Work phone	Home phone (op	otional) FAX		email ac	ıddress			2nd email address
608.326.4441	(608) 874-4656				@mhtc.net		-	
County	Last Name		First Name			Title		
Crawford*	Wall		Gloria			Public Health Nu	urse	
Organization	Ać	ddress			City		zip code	
Crawford County Pub	lic Health 11	1 West Dunn	-		Prairie du Chier	en	53821	
Work phone	Home phone (op	otional) FAX		email ac	ıddress			2nd email address
608.326.0229	608.326.0289						-	
1008.320.0229			5.0289	gwall@c	centurytel.net			
008.320.0229			6.0289	gwall@c	centurytel.net			
County	Last Name		6.0289 First Name	gwall@c		Title		
	Last Name Baldauf			gwall@		Title		
County	Baldauf		First Name	gwall@		Title	zip code	
County Dane	Baldauf Ad	608.326	First Name	gwall@		Title	zip code 53523	

608.423.3511

County	Last Name		First Name		Title				
Dane	Bogt		Show Eriu						
Organization		Address		City		zip code			
BloomingGrove-Maple		18 Oxford Pl	lace	Maple Bluff		53704			
Work phone	Home phone ((optional)	FAX	email address		2ne	2nd email address		
608.244.3390	_			siobhan_eriu@jvlnet.c	com				
County	Last Name		First Name		Title				
Dane	Cole	-	Todd		11010				
Organization		Address		City		zip code			
		600 Highlan	Ave	Madison		53792			
Work phone	Home phone ((optional)	FAX	email address		2ne	d email address		
,, o r		(P ·							
608.262.0426		ĺ		tac@medicine.wisc.ed	u				
608.262.0426				tac@medicine.wisc.ed	u				
608.262.0426 County	Last Name		First Name	tac@medicine.wisc.ed	Title		T		
	Last Name Dreier			tac@medicine.wisc.ed					
County	Dreier	Address	First Name	tac@medicine.wisc.ed	Title	zip code			
County Dane	Dreier	Address 2030 Pinehu	First Name Candace		Title	zip code 53562			
County Dane Organization	Dreier	2030 Pinehu	First Name Candace	City	Title	53562	d email address		
County Dane Organization UW Home Care	Dreier	2030 Pinehu (optional)	First Name Candace	City Middleton email address	Title RRT	53562	d email address		
County Dane Organization UW Home Care Work phone	Dreier	2030 Pinehu (optional)	First Name Candace urst Dr FAX	City Middleton email address	Title RRT	53562	d email address		
County Dane Organization UW Home Care Work phone	Dreier	2030 Pinehu (optional)	First Name Candace urst Dr FAX	City Middleton email address	Title RRT	53562	d email address		
County Dane Organization UW Home Care Work phone 608.203.2273	Home phone (2030 Pinehu (optional)	First Name Candace Irst Dr FAX 608.203.2240 Attn Candace	City Middleton email address	Title RRT	53562	d email address		
County Dane Organization UW Home Care Work phone 608.203.2273	Home phone (Last Name Wiedenbeck	2030 Pinehu (optional)	First Name Candace arst Dr FAX 608.203.2240 Attn Candace First Name	City Middleton email address	Title RRT	53562	d email address		
County Dane Organization UW Home Care Work phone 608.203.2273 County Dane	Home phone (Last Name Wiedenbeck	2030 Pinehu (optional)	First Name Candace Irst Dr FAX 608.203.2240 Attn Candace First Name Mollie	City Middleton email address cs.dreier@hosp.wisc.e	Title RRT du Title	53562 2no	d email address		
County Dane Organization UW Home Care Work phone 608.203.2273 County Dane Organization	Home phone (Last Name Wiedenbeck	2030 Pinehur (optional) Address 4030 Cty Hw	First Name Candace arst Dr FAX 608.203.2240 Attn Candace First Name Mollie	City Middleton email address cs.dreier@hosp.wisc.e	Title RRT du Title		d email address d email address		

County	Last Name			First Name			Title			
Dane	Zahn-Cantelmo			Beatriz			Title			-
Organization		Address				City	<u></u>	zip code		
Ol gamzation		314 Midvale	Blvd			Madison		53705		
*** 1 .1					T				2nd email addr	
Work phone	Home phone ((optional)	FAX		email a			2nd email adur	ess	
608.279.9462	608.233.9392				zahncanu	telmo@yahoo.co	om			
County	Last Name			First Name			Title			
Dane*	Ahola			Laura						_
			"	Laura			EMS LISSON			
Organization	Address sin Hospital and 600 N Highland Ave					City		zip code		
University of Wiscons	Room E5/615 CSC 600N		ONI Wighlan		Madison		53792-6733			
Work phone	Home phone (optional) FAX			<u>M. F. F.</u>	email a	ddress			2nd email addr	ess
(608) 263-0993			(608) 265-	-4429	lja@mec'	dicine.wisc.edu				
					<u> </u>					
County	Last Name			First Name			Title			
Dodge	Billington			Judy						
Organization		Address				City	<u> </u>	zip code		
		606 Mohawk	« Circle			Horicon		53032		
Work phone	Home phone ((optional)	FAX		email a	ıddress			2nd email addr	ess
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(920)485-2356					ngton@powerwe	eb.net			
County	Last Name			First Name			Title			
Dodge	Ronge			Jim						7
Organization		Address	<u></u>			City	<u> </u>	zip code		_
Juneau EMS	PO Box 163			-		Juneau		53039		
	Home phone (optional) FAX				email address			l l		
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email addr	ess

jimr53@hotmail.com

920.386.4802

920.386.4800

920.386.2283

County	Last Name			First Name		Ti	tle			
Door	Krohn			Beth						
Organization	11.	Address				City		zip code		
		PO Box 670)			Sturgeon Bay		54235		
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email addr	ess
920.746.9704		` • · · ·			krohncor	nsulting@yahoo.co	m			
County	Last Name			First Name		Ti	tle			
Douglas										
Organization		Address				City		zip code		
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email addr	ess
County	Last Name			First Name		Ti	tle			
Dunn	MacDougall			Wendy		Pul	blic Health Nurs	se		
Organization	1	Address				City		zip code		
Dunn County Health Depar	tment	800 Wilson	Ave			Menomonie		54751		
Work phone	Home phone	(optional)	FAX		email a	ddress		<u> </u>	2nd email addr	ess
715.232.6804			715.232.1	132 Attn: Wendy	wmacdou	ugall@co.dunn.wi.u	ıs			
County	Last Name			First Name		Ti	tlo.			
Eau Claire	Schultz			Jon			ramedic			
	Johnson	Address						rin aada		
Organization Eau Claire Fire Department		607 Hewitt	Street			City Eau Claire		zip code 54703		
-								54705	2 . 1	
Work phone	Home phone 715.552.8821	(optional)	FAX		email a				2nd email addr	ess
	/13.332.8821				emtpx2(a	charter.net.				

County	Last Name			First Name			Title			
Florence										
Organization		Address		"		City		zip code		
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email add	ress
	•	<u> </u>								
•										
County	Last Name			First Name			Title			
Fond du Lac	Jenkins			Nettie			RN			
Organization	1	Address			City			zip code		
St. Agnes Hospital		430 East Div	vision	Fond du Lac				54935		
Work phone	Home phone (optional) FAX				email a	ddress			2nd email add	ress
920.801.4127 pager	920.926.4600 Voice Mail			jenkins@	agnesian.com					
County	Last Name			First Name			Title			
Forest	Wilson			Monica						
Organization		Address				City		zip code		
		5825 Hwy 8	W			Laona		54541		
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email add	ress
	715.674.2707				weemt@	newnorth.net				
County	Last Name			First Name			Title			
Grant	Fonder			Jennifer						
Organization		Address				City	zip code			
		2720 Bostor	St PO Bo	ox 231		Hazel Green		53811		
Waste selected	Home phone (optional) FAX			email address						
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email add	ress

County	Last Name		First Name		Title		
Grant	Kliebenstein		Missy				
Organization		Address		City		zip code	
		102 Taylor C	Court	Potosi		53820	
Work phone	Home phone ((optional)	FAX	email address		2nd en	nail address
	608.763.4016			danmissy@mwt.net			
~ .	T A B1		Et al Nama		[FET* 48 .		
County Grant*	Last Name		First Name Chris		Title		
	Lange	п	Chris	-			
Organization		Address		City		zip code	
		385 Virgin A	Ave	Platteville		53818	
Work phone	Home phone ((optional)	FAX	email address		2nd en	nail address
608.348.2331 Ext 2397	608.348.2179		608.342.5011	clange385@excite.con	1		
						•	
County	Last Name		First Name		Title		
County Green	Last Name Ruchti		First Name Terrie		Title		
•	Ruchti	Address		City	Title	zip code	
Green	Ruchti	Address 706 15th Stro	Terrie	City Brodhead	Title	zip code 53520	
Green Organization Brodhead Area EMS	Ruchti	706 15th Stre	Terrie		Title	53520	nail address
Green Organization	Ruchti	706 15th Stre	Terrie	Brodhead		53520	nail address
Green Organization Brodhead Area EMS	Ruchti Home phone (706 15th Stre	Terrie	Brodhead email address		53520	nail address
Green Organization Brodhead Area EMS	Ruchti Home phone (706 15th Stre	Terrie	Brodhead email address		53520	nail address
Green Organization Brodhead Area EMS Work phone	Ruchti Home phone (608.897.8208	706 15th Stre	Terrie FAX	Brodhead email address	com	53520 2nd en	nail address
Green Organization Brodhead Area EMS Work phone County	Home phone (608.897.8208 Last Name Piper	706 15th Stre	Terrie FAX First Name	Brodhead email address terrie_ruchti@hotmail.	com	53520 2nd en	nail address
Green Organization Brodhead Area EMS Work phone County Green Lake	Ruchti Home phone (608.897.8208 Last Name Piper	706 15th Stro (optional)	FAX First Name Jim	Brodhead email address	com	53520 2nd en	nail address
Green Organization Brodhead Area EMS Work phone County Green Lake Organization	Ruchti Home phone (608.897.8208 Last Name Piper	706 15th Stro (optional) Address 225 Memoria	FAX First Name Jim	Brodhead email address terrie_ruchti@hotmail. City	com	53520 2nd en ager, ED zip code 54923	nail address

County	Last Name			First Name			Title				
Iowa											
Organization		Address				City	И	zip code			
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email address		
G .	T () T			Et / N			Total a				
County	Last Name			First Name Title							
Iron		II .									
Organization		Address				City		zip code			
			T							•	
Work phone	Home phone (optional) FAX			email a	ddress			2nd email ad	dress		
County	Last Name			First Name			Title				
Jackson	Bast I valle			T II St I valle			Title				
Organization		Address				City		zip code			
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email ad	dress	
County	Last Name			First Name			Title				
Jefferson	Ingersoll			Brad							
Organization	·	Address				City		zip code			
Fort Atkinson Police Dep	Atkinson Police Department 101 S Water St			Fort Atkinson 53538							
	Home phone (optional) FAX										
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email ad	dress	

County	Last Name			First Name			Title			
Jefferson	Joyce			Linda			EMT			
Organization	F	Address				City		zip code		
Waterloo Fire & Rescue	: N	N7682 New	ville Rd			Waterloo		53594		
Work phone	Home phone (optional)	FAX		email a	ddress			2nd email ad	dress
	920.478.9740				lmj@gdi	net.com				
County	Last Name			First Name			Title			
Juneau										
Organization	F	Address				City	-И	zip code		
Work phone	Home phone (optional)	FAX		email a	ddress		<u> </u>	2nd email add	dress
County	Last Name			First Name			Title			
Kenosha										
Organization	F	Address				City	Л	zip code		
Work phone	Home phone (optional)	FAX		email a	ddress		<u> </u>	2nd email add	dress
County	Last Name			First Name			Title			
Kewaunee										
Organization	F	Address				City	JI	zip code		
Work phone	Home phone (optional)	FAX		email a	ddress		<u> </u>	2nd email ad	dress
	<u> </u>		1		(1	

County	Last Name		First Name		Title				
LaCrosse	Immerman		Carol		Trauma Coordi	inator			
Organization	Add	ress		City		zip code			
Franciscan-Skemp Hea	althCare 700 V	Vest Avenue	e South	LaCrosse 54601-47					
Work phone	Home phone (opti	onal) FAX	X	email address		2nd e	2nd email address		
608.791.7856				immermann.carol@may	o.edu				
County	Last Name		First Name		Title				
Lafayette	Brandt		Lori		EMT				
Organization	Add	ress		City		zip code			
	408 Г	river St		Darlington		53530			
Work phone	Home phone (opti	onal) FAX	X	email address		2nd e	email address		
608-776-4001	608-776-4315			brandtemt@yahoo.com					
County	Last Name		ES A NI		CDT 41				
	Last Ivalic		First Name		Title				
Langlade	Baginski		Hope		Title				
Langlade Organization		ress		City	Title	zip code			
	Baginski	ress		City	Title	zip code			
	Baginski		Норе	City email address	Title		email address		
Organization	Baginski Add		Норе				email address		
Organization Work phone	Baginski Add		Hope X	email address	t		email address		
Organization Work phone County	Home phone (optional Last Name		Hope X First Name	email address	t	2nd 6	email address		
Organization Work phone County Langlade*	Home phone (optional Last Name Lembke	onal) FAX	Hope X	email address baginski@newnorth.net	t	2nd 6	email address		
Organization Work phone County Langlade* Organization	Home phone (option Last Name Lembke	onal) FA2	Hope X First Name	email address baginski@newnorth.net	t	2nd 6 Birnamwood zip code	email address		
Organization Work phone County Langlade* Organization Langlade Memorial Ho	Home phone (option of the last Name Lembke Add ospital 112 E	ress 5th Ave	Hope X First Name Diane	email address baginski@newnorth.net City Antigo	t	2nd 6 2nd 6			
Organization Work phone County Langlade* Organization	Home phone (option Last Name Lembke	ress 5th Ave	Hope X First Name Diane	email address baginski@newnorth.net	Title RN ED; EMT,	2nd 6 2nd 6	email address		

County	Last Name			First Name			Title				
Lincoln	King			Josh			EMT-IV Tech				
Organization		Address				City		zip code			
Lincoln County Child	Alert	PO Box 722				Tomahawk		54487			
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email address		
715.453.7724			715.453.7	716	lincolnch	nildalert@hotm	nail.com		joshking82hotm	ail.com	
County	Last Name			First Name			Title				
Manitowoc	Veith			Tim			Paramedic, Uni	fied EMS Mana	ıger		
Organization		Address				City		zip code			
Holy Family Memorial	I	2300 Wester	n Ave PO	Box 1450		Manitowoc		54221-1450)		
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email add	dress	
920.684.2747		(-1	920.684.2	745		nfmhealth.org					
County	Last Name			First Name			Title				
Marathon	Thorpe			Sharon							
Organization		Address				City		zip code			
Wausau Hospital		333 Pineridg	ge Bouleva	rd		Wausau		54401			
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email add	dress	
715.847.2163		(-1	(715) 847	-2068		@waushosp.or	g				
County	Last Name			First Name			Title				
Marinette											
Organization		Address				City		zip code			
Work phone	Home phone	(optional)	FAX		email a	ddress		<u> </u>	2nd email add	dress	

Last Name						Title			
Lucinski			Loraine						
1	Address		Ш		City	JL	zip code		
1	147 Main St	reet			Montello		53949		
Home phone (optional)	FAX		email a	ddress			2nd email addr	ess
608.297.7736				lucinla@	dhfs.state.wi.u	S			
Last Name			First Name			Title			
Į.	Address				City		zip code		
Home phone (optional)	FAX		email a	ddress			2nd email addr	ess
Last Name			First Name			Title			
Powers			Mary			Poison Center S	upervisor		
1	Address				City	<u> </u>	zip code		<u> </u>
Visconsin	9000 West V	Visconsin	PO Box 1997, MS	677A	Milwaukee		53201		
Home phone (optional)	FAX		email a	ddress		-	2nd email addr	ess
		414.266.6	793	Mpowers	s@chw.org				
Last Name			First Name			Title			
Last Name Smith			First Name Heidi			Title RN			
Smith	Address				City		zip code		
Smith	Address 310 West M	ain Street			City Sparta		zip code 54646		
Smith	310 West M			email a	Sparta			2nd email addr	ress
	Home phone (608.297.7736 Last Name Home phone (Last Name Powers	Lucinski Address 147 Main St Home phone (optional) 608.297.7736 Last Name Address Home phone (optional) Last Name Powers Address /isconsin 9000 West V Home phone (optional)	Lucinski Address 147 Main Street Home phone (optional) FAX 608.297.7736 Last Name Address Home phone (optional) FAX Last Name Powers Address /isconsin 9000 West Wisconsin I Home phone (optional) FAX	Lucinski Loraine Address 147 Main Street Home phone (optional) FAX 608.297.7736 Last Name Address Home phone (optional) FAX Last Name Powers Address Mary Address Jacob Powers Address Jacob Powers Address Jacob Powers Address Jacob Powers Jacob Power	Lucinski Loraine Address 147 Main Street Home phone (optional) FAX email a lucinla@ Last Name First Name Address Home phone (optional) FAX email a Last Name First Name Powers Mary Address Jisconsin 9000 West Wisconsin PO Box 1997, MS677A Home phone (optional) FAX email a Coraine Email a Coraine	Lucinski Address 147 Main Street Montello Home phone (optional) 608.297.7736 Last Name Address Home phone (optional) FAX First Name Home phone (optional) FAX email address City Last Name Powers First Name Mary Address City City Mary Address First Name Mary Address First Name Mary Address First Name Mary Address First Name Mary Address Mary First Name Mary Address First Name Mary First Name Mary Address First Name Mary First Name Mary First Name Mary Address Add	Lucinski Loraine	Lucinski	Lucinski Loraine Address

County			First Name			Title				
Oconto	diese		Pamela		EMT, Oconto Co. EMS Coord					
Organization		Address				City		zip code		1
Community Memorial Hosp	ital	855 S Main	Street	Oconto Falls			ls 54154			
Work phone	Home phone	(optional)	FAX		email a	ddress		l l	2nd email addre	SS
920.846.3444 EXT 426	920.842.4469	469		pamgiese@hotmail.com						

County	Last Name			First Name	Title				
Oneida	Doughty-England	Doughty-England		Traci		EMS Instructor			
Organization	1	Address		Cit	ty	JI.	zip code		
St. Mary's Hospital	1	1044 Kabel	Ave	Rhi	nelander		54501-3998		
Work phone	Home phone (optional)	FAX	email addr	ess		<u> </u>	2nd email address	
	715.277.4972			redculad@ne	wnorth.net				

County			First Name	First Name Ti			Title				
Oneida*	Blanchette	e Teressa		Teressa							
Organization		Address				City			zip code		
St. Mary's Hospital		1044 Kabel	Ave			Rhinelander			54501-3998		
Work phone	Home phone	(optional)	FAX		email a	ddress				2nd email addres	SS
715.369.6600	715.362.6639				62blanch	@charter.net					

County	Last Name			First Name T		Title				
Outagamie*	Olson		Robert		Lieutenant					
Organization	1	Address		II.		City	JL	zip code		_
Grand Chute Fire Departme	ent	2920 W Hig	hview Dr	Dr Grand (54914-2325		
Work phone	Home phone	(optional)	FAX		email ac	ldress			2nd email addre	ess
9208326050		9208321606		robert.olson@grandchutefd.org				rtaolson@execpc.c	om	

County	Last Name		First Name	e		Title			
Ozaukee	Hoffmann		Elke						
Organization		Address			City	JI.	zip code		
Cedarburg Fire Depart	tment/ Rescue Squad	PO Box 327			Cedarburg		53012		
Work phone	Home phone	(optional) FA	X	email a	ddress			2nd email ad	dress
(262) 377-9595	(262) 375-5526		2) 377-5234						
	T (3)		To AN						
County	Last Name		First Name	e		Title			
Ozaukee	Schroeder		Jean			EMT			
Organization		Address			City		zip code		
Northern Ozaukee Am	nbulance	PO Box 127			Fredonia		53021		
Work phone	Home phone	(optional) FA	X	email a	ddress			2nd email ad	dress
262.692.9973		262	2.692.6844						
			П			II.			
County	Last Name		First Name	e		Title			
Pepin									
Organization		Address			City	<u> </u>	zip code		
Work phone	Home phone	(optional) FA	X	email a	ddress		-	2nd email ad	dress
County	Last Name		First Name	e		Title			
Pierce	Dravis		Bill						
Organization		Address	<u>"</u>		City	1	zip code		
Pierce County EMS C	ommittee	800 Borner Stre	et		Prescott		54021		
Work phone	Home phone	(optional) FA	X	email a	ddress			2nd email ad	dress
715.262.3775		715	5.262.5764	bdravis3	7@hotmail.con	n			

County	Last Name			First Name		Title			
Polk	Rixmann			Jeff		Director			
Organization	·	Address				City	zip code		
River Falls Ambulance						River Falls			
Work phone	Home phone ((optional)	FAX		email a	ddress		2nd email add	dress
715.425.0370					jrixmann	@rfaas.org			
						les			
County	Last Name			First Name		Title			
Portage									
Organization		Address				City	zip code		
Work phone	Home phone ((ontional)	EAV		email a	ddross		2nd email add	dress
work phone	Trome phone ((optional)	FAA		Ciliali a	duress		Zna cman au	ui CSS
County	Last Name			First Name		Title			
Price	Swan			Peggy J.					
Organization		Address				City	zip code		
		W3150 State	e Hwy 86			Ogema	54459		
Work phone	Home phone ((optional)	FAX		email a	ddress		2nd email add	dress
	715.767.5772		715.424-2	120	SwansIn	n@webtv.net			
County	Last Name			First Name		Title			
Racine	Hauck			Christine					
Organization		Address				City	zip code		
		6725 Roslyr	Place			Racine	53406		
Warlinhone	TT 1				1	=		T	
Work phone	Home phone	(optional)	FAX		email a	ddress		2nd email add	dress

County	Last Name		First Name		Т	Title	
Racine*	Piccolo		Dave		R	RN EMS Coordinator	
Organization		Address			City	zip code	
All Saints Healthcare		3801 Spring Str	reet		Racine	53405	
Work phone	Home phon	e (optional) FA	AX	email ad	ddress		2nd email address
262.687.5402		26′	52.687.4334	dpiccolo(@allsaintshealthca	are.org	
			-				
County	Last Name		First Name		Ţ	Title	
Richland	Schlafer		Lori	-	Γ	Director	
Organization		Address			City	zip code	
Richland Co. Ambular	nce/Emergency	181 West Semir	inary Street PO Box 251		Richland Center		
Work phone	Home phon	ne (optional) FA	AX	email ad	ddress	<u> </u>	2nd email address
608.647.8187				schlaferl(@co.richland.wi.u	us	
County	Last Name		First Name		Ţ	Title	
Rock	Kuska		Barb		F	EMS Coordinator	
Organization		Address			City	zip code	
Beloit Memorial Hosp	oital	1969 W Hart Rd	d		Beloit	53511	
Work phone	Home phon	e (optional) FA	ĀX	email ad	.ddress		2nd email address
608.363.5894		(0)			loitmemorialhospi	ital.org	
			First Name		7	Title	
County	Last Name		TH SUIVAING				
County Rusk	Verdegan		Diana				

Ladysmith

Dverdega@ruskcountywi.us

email address

54848

2nd email address

Human 311
Minor Ava E Suita C220
Home phone (optional) FAX

715-532-2217

Rusk Co. Dept. of Health & Human

Work phone

715-532-2214

County	Last Name		First Name			Title				
Sauk	Ramsey		Kevin			Titic		·	_	
	Kamsey		Kevin		<u> </u>					
Organization		Address			City		zip code			
Baraboo Ambulance		PO Box 195 120 5th St	reet		Baraboo		53913			
Work phone	Home phone	e (optional) FAX		email ac	ddress			2nd email address		
608.356.3455		608.356.3	446	bdas@ba	araboo.com					
County	Last Name		First Name			Title				
Sawyer	Baker		Deanna		•					
Organization		Address			City	<u>JL</u>	zip code		_	
Lac Courte Reilles He	alth Center	- · · · · · · · · · · · · · · · · · · ·			Hayward		54843			
Work phone	Home phone	Home phone (optional) FAX			ıddress	-	2nd email addre	ess		
715.634.4153	715.462.9105	715.634.6	107							
County	Last Name		First Name			Title				
Sawyer	Quaderer		Carolyn							
Organization		Address			City	<u></u>	zip code		_	
Lac Courte Reilles He	alth Center	13380 W Trepanier Rd	Ī		Hayward	-	54843			
Work phone	Home phone	e (optional) FAX		email ac	ddress	-		2nd email addre	ess	
715.634.4153	715.462.4643	715.634.6	107				-			
County	Last Name		First Name			Title				
Shawano	Helton		Doug		-	EMS Coordina	nator			
			City zin cod							
Organization		Address			City		zip code			

email address

mohican_ems@mohican.com

Work phone

715.793.5100

Home phone (optional) FAX

715.793.5101

2nd email address

County	Last Name		First Name			Title	le		
Shawano	Lembke		Diane			RN, EMT			
Organization		Address			City		zip code		
Birnamwood Ambulance		P4549 Pineview	/ Rd		Birnamwood		54414		
Work phone	Home phone ((optional) FA	ΛX	email ad	ldress		2nd ema	il address	
715.623.2331	715.449.2343			queenofb	wood@aol.cor	n			

County	Last Name			First Name		Title		
Sheboygan	Daun			Sharon School Nursing Super			Supervisor	
Organization		Address			City	JL.	zip code	
Sheboygan Area Scho	ol District	1227 Wilson	n Avenue		Sheboygan		53081	
Work phone	Home phone	(optional)	FAX	email a	ddress			2nd email addres
920.459.6424				sdaun@	sheboygan.k12.	wi.us		

County	Last Name						Title			
Sheboygan	Hamilton		Lori L.				RN BSN S	School Nurse		
Organization		Address				City		zip code		1
Sheboygan Area School Dis	trict	1528 N 5th S	Street	Sheboy		Sheboygan	Sheboygan			
Work phone	Home phone	(optional)	FAX		email a	ddress		-	2nd email addres	ss
920.459.3372					lhamiltor	n@sheboygan.k	12.wi.us			

County			First Name		Title				
Sheboygan	Moir			Pam		RN BSN			
Organization	I	Address		Ш	City	JL	zip code		1
Plymouth School District		125 Highlan	d Avenue		Plymouth		53073		
Work phone	Home phone	(optional)	FAX		email address		<u> </u>	2nd email addre	SS
920.893.6911					pmoir@plymouth.k12.	wi.us			

County	Last Name			First Name		Title				
Sheboygan	Peschke		Mary		RN BSN School Nurse					
Organization		Address			City			zip code		
Plymouth School District		125 Highlan	d		Plymouth			53703		
Work phone	Home phone	(optional)	FAX		email address			<u>L</u>	2nd email ad	dress
920.893.6911					mpeschke@plymouth.k	κ12	.wi.us			

County	Last Name			First Name		Title			
Sheboygan	Raml			Mary	RN School Nurse, Grade 5-12				
Organization	 	Address			City		zip code		
Sheboygan Falls Sch	ool District	220 Amhers	t Avenue		Sheboygan Fa	lls	53085		
Work phone	Home phone	(optional)	FAX	email ac	ddress		<u> </u>	2nd email address	S
920.467.7890				mbraml@	sheboyganfall	s.k12.wi.us			

County	Last Name			First Name			Title	;			
Sheboygan	Sonnenberg		Julie				RN S	chool Nurse, P	reschool-4		
Organization		Address		Ш		City	ĮĮ.	Z	zip code		
Sheboygan Falls School Dis	trict	220 Amhers	t Avenue	Sheboyga			gan Falls 53085		53085		
Work phone	Home phone	(optional)	FAX		email a	ddress		<u> </u>		2nd email addres	SS
920.467.7890			jmsonnen@sheboyganfalls.k12.wi.us		2.wi.us						

County	Last Name			First Name			Title			
Sheboygan*	Isbell	Gerry		Gerry	F		Paramedic Manager			
Organization	1	Address		ш		City		zip code		1
Orange Cross Ambulance	oss Ambulance 2629 North 6th Street		6th Street	Sheboygan			53083			
Work phone	Home phone	(optional)	FAX		email ac	ddress			2nd email addres	SS
920.451.5524			920.451.53	382	Gisbell@	orangecross.or	g			

County	Last Name		First Name		Title			
St. Croix	Rixmann	-	Jeff		EMT-I, Directo)r		
Organization		Address		City		zip code		
River Falls Ambulance				River Falls				
Work phone	Home phone ((optional)	FAX	email address	-	2nd ema	l email address	
715.425.0370				jrixmann@rfaas.org				
<u> </u>	T 4 Name		Einst Nama		(D)*41 -			
County tac@medicine.wisc.edu	Last Name		First Name Denise		Title			
)	Severson	т-	Denise					
Organization	Address		City		zip code			
Adams County Memorial	Hospital	al 1601 16th Court		Arkdale	_	54613		
Work phone	Home phone	me phone (optional) FAX		email address		2nd ema	il address	
_	608.564.3672	608.564.3672		dee@maqs.net				
County	Last Name		First Name		Title			
Taylor	Bohn		Ron		Ambulance Mar	nager		
Organization		Address		City		zip code		
Memorial Health Center		1						
Tremental freature conter	l	135 Gibson S	Street	Medford		54451		
							nil address	
Work phone 715.748.8180	Home phone ((optional)		Medford email address bohnr@memhc.com			il address	
Work phone		(optional)	FAX	email address			il address	
Work phone		(optional)	FAX	email address	Title		il address	
Work phone 715.748.8180	Home phone ((optional)	FAX 715.748.8191	email address	Title Ambulance Coc	2nd ema	iil address	
Work phone 715.748.8180 County	Home phone (Last Name Hesch	(optional)	FAX 715.748.8191 First Name	email address	_	2nd ema	il address	
Work phone 715.748.8180 County Trempealeau	Home phone (Last Name Hesch	(optional)	FAX 715.748.8191 First Name Paulette	email address bohnr@memhc.com	_	2nd ema	nil address	
Work phone 715.748.8180 County Trempealeau Organization	Home phone (Last Name Hesch	(optional) Address 464 S. Saint J	FAX 715.748.8191 First Name Paulette Joseph Ave	email address bohnr@memhc.com	_	ordinator zip code 54612-1499	ail address	

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hesch.paulette@mayo.edu

608.323.3694

608.323.3341 Ext. 4359

Last Name	First Nan	ne	Title				
Dean	Kevin		Parame	edic			
Address			City	zip code			
oital 507 South N	l ain		Viroqua	54665			
Home phone (optional)	FAX	email a	ddress	<u> </u>	2nd email address		
	608.637.7492		frontiernet.net				
						_	
Last Name			Title				
McCaughn	McCaughn John		Chapla	in/Bereavement Coordi	nator		
Address			City	zip code		_	
ce PO Box 770			Woodruff	54568			
Home phone (optional)	FAX	email a	ddress	<u> </u>	2nd email addre	ess	
715.479.6824	715.356.8875	mickoin(@hotmail.com				
<u> </u>		<u> </u>					
Last Name	First Nan	ne	Title				
Nimz	Peggy						
Address			City	zip code		_	
1418 Hwy 1	55 PO Box 510		St. Germaine	54558			
Home phone (optional) FAX			ddress	<u> </u>	2nd email address		
	Address 507 South N Home phone (optional) Last Name McCaughn Address PO Box 770 Home phone (optional) 715.479.6824 Last Name Nimz Address 1418 Hwy 1	Dean Kevin	Dean Kevin	Dean Kevin Parame	Dean Kevin Paramedic	Dean Kevin Paramedic	

County	Last Name			First Name			Title		
Vilas	Price	Diane		Diane	EMT-I		EMT-I		
Organization		Address				City	JL	zip code	
Eagle River Memorial Hospi	ital	201 Hospita	l Road			Eagle River		54521	
Work phone	Home phone	(optional)	FAX		email a	ddress		<u> </u>	2nd email addres
715.479.7411	715.479.6824				dmpemt@	hotmail.com			

pnimz@nnex.net

715.542.2443

715.542.2881

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County	Last Name			First Name			Title			
Walworth	Choby			Kate			Public Health Nu	rse		
Organization	A	Address				City	JI.	zip code		
Walworth County Publi	ic Health Department V	W4051 Cty	Rd NN PO	Box 1005		Elkhorn		53121-1005		
Work phone	Home phone (c	optional)	FAX		email a	ddress			2nd email add	ress
262.741.3135			262.741.3	757	kchoby@	co.walworth.w	vi.us			
				I						
County	Last Name			First Name			Title			
Washburn										
Organization	Α	Address				City	zip code			
Work phone	Home phone (optional) FAX				email address					ress
-										
County	Last Name			First Name			Title			
Washington	Scholten			Anthony						
Organization	A	Address				City		zip code		
	2	18 Concord	l Court			West Bend		53095		
Work phone	Home phone (c	optional)	FAX		email a	ddress			2nd email add	ress
	262.675.6328				tonynfd@	aol.com				
County	Last Name			First Name			Title			
Waukesha	Ihde			Robin			Injury Prevention	Coordinator		
Organization	ion Address				City	JI.	zip code		<u></u>	
Community Memorial F	Hospital V	V 180 N 80	85 Town I	Iall Road		Menomonee F	alls	53052		
Work phone	Home phone (c	optional)	FAX		email address				2nd email add	ress
262.257.3103	262.250.7009			rihde@communitymemorial.com						

County	Last Name Stigler			First Name		Title			
Waukesha				Sherri					
Organization Address						City	zip code		
	W	W236 N1160 King's Court				Waukesha	53188		
Work phone	Home phone (or	ptional)	FAX		email a	ddress		2nd email add	ress
262-548-7117	262.970.0106				stighome	@yahoo.com			
County	Last Name			First Name		Title			
Waupaca	East Hame		I'll st Ivallie			Title			
Organization	Ac	Address				City	zip code		
Work phone	Home phone (op	FAX		email a	ldress	2nd email add		ress	
County	Last Name			First Name		Title			
Waushara	Rosin			Tim		EMT-P			
Organization	Organization Address			II.		City	zip code		
Waushara County Emergency Services 230 W Park			Street PO Box 341			Wautoma	54982		
Work phone Home phone (optional)		FAX em:			ddress		2nd email address		
920.787.0412			920.787.0	423	timr.park	street@co.waushara.wi.us			
County	Last Name			First Name		Title			
Winnebago	Last Hame			1 ii st i vaine		Title			
Organization		Address		City zip co					
Work phone	Home phone (or	ptional)	FAX		email a	ddress		2nd email add	lress

County	Last Name		First Name			Title				
Wood	Erb Moser			Joy			EMS Coordinator			
Organization		Address	Ш			City	JL.	zip code		1
Saint Joseph's Hospital		611 Saint Jo	seph Ave			Marshfield		54449		
Work phone	Home phone	(optional)	FAX		email a	ddress			2nd email addre	SS
715.387.7995	608.634.3808		715.389.40)40	erbmosej	@stjosephs-ma	rshfield.org		erbmosej@mwt.net	

County	111111111111111111111111111111111111111		First Name			Title				
Wood				Diane			RN			
Organization	,	Address			Cit	y		zip code		
		1130 16th S	treet South		Wis	consin Rap	oids	54494		
Work phone	Home phone ((optional)	FAX		email addre	ess			2nd email addres	SS
	715.423.6060	715.423.6060 7		24	sdreetz@charter.net					